

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1590-63-008369

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 19 1963 318 Primary Registration District No.

1003

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>2 hrs.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Luke's Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>8710 Mavis Place</i>	
3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>Stevens</i> Last <i>Brookes</i>		4. DATE OF DEATH Month <i>Feb.</i> Day <i>12</i> Year <i>1963</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-12-1896</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retail Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Pevely Dairy Co.</i>	
13a. FATHER'S NAME <i>Walter S. Brookes</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Andrews</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes WW #1</i>		17. INFORMANT <i>7 Gladys Brookes-nee Gooden-</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Adenocarcinoma of Pancreas</i> DUE TO (b) _____ DUE TO (c) <i>157X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 mo</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <i>July 1962</i> to <i>Feb 12</i> and last saw her/him alive on <i>Feb 12 1963</i> Death occurred at <i>7:45 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Alan Mc Ghee M.D.</i>		22b. ADDRESS <i>100 N. Euclid St. Louis 8, Mo.</i>	
22c. DATE SIGNED <i>2/13/63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2-15-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Normandy, Missouri</i>
24. FUNERAL DIRECTOR <i>Baumgart Bros. Inc. Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 13 1963</i>	
26. ADDRESS <i>2504 Woodson Rd., Overland 14, Mo.</i>		26. REGISTRAR'S SIGNATURE <i>Loal Smith. M.D.</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

David C. Gibson

Licensed Embalmer No. _____

3454

P. O. Address _____

St. L. 15920

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.